

Exhibit C

SPRINGFIELD SPORTS - EMERGENCY MEDICAL CORPORATION

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February 5, 2021

Brian Zeiger, Esquire
LEVIN & ZEIGER, LLP
Two Penn Center, Suite 620
1500 John F. Kennedy Boulevard
Philadelphia, PA 19102

Re: Joseph Kluska
Date of Incident: 2/23/2018

Dear Mr. Zeiger:

Joseph Kluska sustained multiple injuries in a police raid that occurred on 2/23/2018.

Medical records, reports, and diagnostic studies were reviewed regarding the above case, including the following:

1. Civil Complaint, Eastern District of Pennsylvania;
2. Operative report, Wayne Luchetti, MD/The Surgical Specialty Center at Coordinated Health - Bethlehem Campus (5/2/2018);
3. Hospital records and reports, St. Luke's Hospital-Anderson Campos:
 - a. Hospital admission: Acute sigmoid diverticulitis with mild acute kidney injury (7/19/2018-7/25/2018);
 - b. ED visit: Contusion right rib cage with a right 9th rib fracture (11/18/2018);
 - c. Hospital admission: Acute alcohol intoxication with detox (9/19/2019-9/23/2019);
4. Radiographic reports: Right shoulder MRI without contrast (3/22/2018), left shoulder MRI without contrast (3/29/2018);
5. Pennsylvania State Police Special Emergency Response Team Warrant Service Plan: Incident No.: PA201 8-159293 (2/23/2018);
6. Plaintiff Joseph Kluska's Answers to Interrogatories of Defendants;
7. Deposition transcript, Renea Kluska (12/18/2020);
8. Deposition transcript, Kierra Kluska (12/18/2020);
9. Deposition transcript, Ada Anglemeyer (11/5/2020);

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10. Deposition transcript, Richard Anglemeyer (11/5/2020);
11. Deposition transcript, Sargent Mark Rowlands (12/18/2020);
12. Deposition transcript Trooper Matthew Wysocky (10/1/2020);
13. Deposition transcript, Trooper Peter Del Gaizo (10/1/2020);
14. Deposition transcript, Corporal Brian King (10/1/2020);
15. Deposition transcript, Corporal Jason Pelotte (8/27/2020);
16. Desk Memorandum/Personnel Investigation-IAD # 2018-0210.

By way of review, Joseph Kluska was 44 years of age when, on 3/23/2018, he received injuries during a police raid. According to the records, the patient was lying on a bed on his stomach when a police officer got on top of him and zip tied his arms behind his back as he remained in prone position. After his arms were secured with the zip tie, a second police officer grabbed his feet as the first police officer grabbed him by the arms still behind his back and the patient was picked up, thrown upwards, and the patient landed onto the floor. Immediately after they picked him up, the patient indicated bilateral shoulder pains. Directly after that, the police officer grabbed him by the back of his arms, lifted him up and shoved the patient onto a chair. According to the deposition transcript of the patient's wife Renea, the patient was continuing to report "my shoulders, my shoulders" even as the patient was sitting in a chair with his hands tied behind his back. As reported in her 12/18/2020 deposition, Joseph complained of the shoulder pain directly after the police officers lifted him off the bed in prone position.

The patient reported that he presented to his primary care office of Jon Ras, MD at St. Luke's with bilateral shoulder pain. Dr. Rasa proceeded to order the bilateral shoulder MRI studies, and after evaluating the MRI results, the patient was referred for evaluation by Dr. Raso to orthopedic surgeon Wayne Luchetti, MD. Prior to the orthopedic evaluation, the patient attempted to return to his work duties in construction, a position that lasted less than a week because of the pain and weakness in his shoulders.

Right shoulder MRI completed without contrast on 3/22/2018 revealed a full-thickness tear of the distal superior subscapularis tendon insertion, a superior posterior subscapularis myotendinous junction cyst compatible with an intrasubstance tear, diffuse tear of the labrum extending into all quadrants with an associated anterior and inferior labral cyst measuring up to 3 x 0.6 x 0.4 cm anteriorly, moderate acromioclavicular and glenohumeral degenerative osteoarthritis, and distal supraspinatus, infraspinatus, and subscapularis tendinopathy.

Left shoulder MRI completed without contrast on 3/29/2018 revealed a high-grade intrasubstance partial tear of the mid and posterior supraspinatus insertion with probable pinhole extension into the bursal surface of the anterior aspect of the tear, a partial tear of the subscapularis tendon, trace fluid in the subacromial/subdeltoid bursa, mild intracapsular tendinopathy of the long head of the biceps, and an anterior inferior labral tear with probable SLAP tear extending to the biceps tendon anchor with an adjacent labral cysts x2 and mild osteoarthritis of the acromioclavicular joint.

The patient was taken to the operating room at the Surgical Specialty Center at Coordinated Health on 5/2/2018 by Dr. Luchetti, where the following procedures were completed: open repair of a completely

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avulsed full-thickness tear of the right subscapularis tendon and excision with removal of a small benign cyst at the superior aspect of the right shoulder. The procedure was completed under general anesthesia with a right interscalene block. The postoperative diagnosis included "an acute complete avulsion and complete tear of the right subscapularis tendon".

A telemedicine conference was completed with the patient on 2/3/2021, and interview that lasted 20 minutes from 7:20 PM until 7:40 PM. The telemedicine interview history of the inciting traumatic event was consistent with that found in the records and documented above. He has returned to work in construction after surgery, but is significantly limited in what he can lift, pull, push, carry, and climb. All heavy lifting is completed by other workers as a result of his bilateral shoulder pains. The patient noted that he attended rehabilitation for 2-3 months after the right shoulder surgical procedure, but the pain and stiffness never completely resolved. He continues with significant sleep disturbance and has a lot of problems with activities over shoulder height. He reported no history of shoulder problems prior to the 2/23/2018 incident. His construction job entails significant labor-intensive activities including roofing, citing, window placement, framing, and even gutter work. He has other labors due the significant lifting and carrying. He has given up bowling because of the right shoulder pain. Recently, both hands of gone numb, and he believes he has recently developed carpal tunnel syndrome. He takes Tylenol or ibuprofen on a regular basis for pain and stiffness, as well as sleep disturbance caused by the bilateral shoulder pain when he rolls over in certain positions. To make things worse, he is right-hand dominant.

The patient's past medical history consisted of diverticulitis/diverticulosis with resolved acute kidney injury, hepatic steatosis, lumbar disc herniations, and alcoholism. His past surgical history included left knee surgery/reconstruction and prior lumbar discectomy surgery, in addition to the above-noted right shoulder surgery rotator cuff tear repair. His medication list only includes ibuprofen and Tylenol, and he denied medication allergies.

Based upon the information provided during my 2/3/2021 telemedicine conference, in addition to review of the above-noted medical records, reports, and diagnostic studies, it is my opinion that this patient suffered, to a reasonable degree of medical certainty, the following injuries that occurred during the 2/23/2018 police raid:

1. Acute complete right subscapularis tendon rupture (rotator cuff tear) status post arthroscopic rotator cuff repair (5/2/2018);
2. Left shoulder rotator cuff tear with associated labral tears.
3. Aggravation of degenerative joint disease, bilateral shoulders, right greater than left.

This patient has suffered significant tears of the ligaments, tendons, and capsular structures of both shoulders consistent with the trauma described during the police assault on 2/23/2018. His prognosis is poor for any additional recovery, and he will, to a reasonable degree of medical certainty, continue with pain, stiffness, and sleep disturbance as a result of the shoulder injuries. As noted by his description, he is learning to live within the restrictive confines of his damaged shoulders. Unfortunately, posttraumatic osteoarthritis aggravated by the trauma to both shoulders and the surgical procedures applied to the right shoulder will, to a reasonable degree of medical certainty, result in osteoarthritis amenable only to

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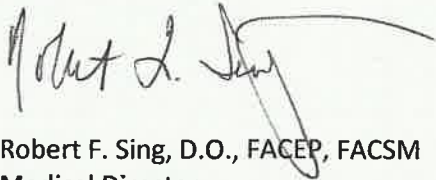
bilateral shoulder surgeries, i.e., bilateral shoulder replacement surgeries. In the meantime, he will have to continue with activity modification with self-imposed physical restrictions in lifting, pulling, pushing, carrying, climbing, and over shoulder height activities in order to control his pain. Sleep disturbance will not resolve as the resultant shoulder pathologies will continue to wake him when he rolls over onto either shoulder for the rest of his life. In this particular case, it is extremely unfortunate that this 46-year-old construction worker is saddled with these incapacitating shoulder injuries at his age with his labor intensive vocation because these injuries will surely interfere with his abilities to continue to perform his job duties in the construction labor force as time progresses.

Please be advised that it is my opinion the treatments rendered that this patient as documented above were reasonable, medically necessary, and causally related to the assault during the police raid that occurred on 2/23/2018. Finally, it is my opinion that the pathologies listed above, including the above-noted long-term sequela, are all a direct result of the injuries sustained during the police raid that occurred on 2/23/2018.

All of the above opinions are stated to a reasonable degree of medical certainty.

If I can be of further assistance, please feel free to contact me.

Very truly yours,
Sports Science Center

A handwritten signature in black ink, appearing to read "Robert F. Sing", with a long horizontal flourish extending to the right.

Robert F. Sing, D.O., FACEP, FACSM
Medical Director